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CLINICAL AND PROGRAM NOTES

Providing Medical Information to College Health Center Personnel:

A Circuit Librarian Service at the University of Illinois

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Abstract. College health center personnel are no different from other health practitioners in their need for medical information. To help meet this need, the McKinley Health Center at the University of Illinois Urbana-Champaign developed a partnership in 1997 with the Library of the Health Sciences–Urbana, a regional site library of the University of Illinois at Chicago campus. This partnership led to the adoption of circuit librarianship, a dynamic outreach model, to enhance access to health information for McKinley Health Center personnel. A circuit librarian. consults with health center personnel during regularly scheduled on-site visits to the center and its satellite offices. Upon returning to the resource library, the circuit librarian conducts research for clinical information on behalf of the center's personnel, then sees that articles, books, and relevant Web sites are identified and delivered to assist in answering questions regarding disease management, drug therapy, wellness, and health administration.

Key Words: information services, libraries, medical, student health services

As a staff member at a college health center, how would you get necessary information in the following situations?

- A patient with severe asthma comes in for treatment. You recall that there is new information on salmeterol versus formoterol therapy. You would like to look at the latest research before recommending treatment.
- A physician has requested that a new drug be added to the formulary. You would like to see studies of how this drug performed in trials.
- You have been assigned to develop a targeted nutrition-promotion program for next year. You would like to find out what works and what does not work in nutrition programs and how to achieve behavioral changes in the student population.

When do you have time to search for the information you need? Could searching Google identify a helpful number of Web sites? Would those Web sites contain authoritative information? One option for personnel at McKinley Health Center, University of Illinois at Urbana-Champaign, is to call, email, or visit a circuit librarian based at the Library of the Health Sciences-Urbana, an administrative unit of the Chicago campus. Within a short time, McKinley personnel can receive books, articles, lists of articles from databases, and printouts from authoritative World Wide Web sites related to the topic.

Need for Medical Information

The literature tells us about the great need for medical information and indicates that there are two sides to the information story—it can have great value, but many obstacles make it difficult to obtain. Smith¹ reviewed 13 studies that investigated information needs of physicians and reported ample evidence that providers need medical information. Moreover, evidence suggests the positive benefits that medical information can provide practitioners^{2,3} at a time when they are being pressured to use evidence-based medicine when making treatment decisions.⁴ In a 1985 study about information needs, Covell and associates⁵ found that 46 of 47 physicians needed outside information when handling patients during a half day of practice. In 1994, Klein and associates^{6(p492)} showed “that ‘a statistically significant relationship

exists between the use of information from database searching for severely ill patients and leads to a reduction in LOS [length of stay] and/or hospital costs.”” On the other hand, a study using a telephone survey of 723 office-based physicians and opinion leaders found that practitioners often cannot keep up with developments in science, are not aware of what they need, and do not know how to get information.⁷ Results of that study also showed that when providers know what they need and try to get it, they find it difficult to manage available information because they do not have time, the volume of research is too great, and they lack skills that they need to search for information. This is the dilemma: It is becoming increasingly important to get information and know about studies to close the gap between scientific research and clinical practice. Yet, because of clinicians’ inability to get information or lack of access to it, many practitioners are unaware of new procedures and protocols⁷ and have questions about treatment, (specifically about drugs) that can go unanswered.^{1,5,8}

College Medical Clinic’s Needs for Information

Healthcare providers who serve the diverse college population have no less need than others for information. It is becoming increasingly important for students to establish healthy lifestyles during college years.^{9–11} Practitioners and personnel in positions of influence need recommendations on how to help students achieve their health goals. Issues that the college-age population face (e.g., substance abuse, sexually transmitted infections, tobacco use, and mental health problems^{12–16}) are studied regularly; their research sheds new light on the ways to diagnose, treat, and care for students. Healthcare providers and administrators at institutions of higher learning often need the latest recommendations about these issues, treatment guidelines for diseases, and/or guidelines for vaccinations against preventable diseases. In addition, college medical clinic personnel can benefit by having current health statistics and best-practice reports as they meet emerging needs and launch initiatives in university healthcare settings, such as men’s health clinics.^{17–19}

Librarians Help Answer Clinical Questions

Librarians can help fill the medical information gap. Chambliss and Conley.³ for example, found that 54% of questions posed by study physicians were completely or nearly completely answered by the materials librarians provided. Another study showed that the articles clinical librarians provided affected patient management in 20% of the cases.²⁰ Later, King²¹ found that almost 75% of healthcare providers indicated that at least one part of how a case was treated would definitely change as a result of information received from the hospital library. In the 1992 Rochester study,² 84.7% of the physicians studied indicated that information provided by the hospital library saved them time. Furthermore, 80% of physicians noted that “they probably (48.0%) or definitely (32.4%) handled some aspect of the clinical situation differently than they would have handled it” without information from the hospital library.^{2(p 74)} The Rochester study² also showed that circuit librarians can “respond effectively” to physicians’ requests for clinical information. In clinical settings, where there is no on-site librarian, “circuit librarianship has been used successfully for. . . .[30 years] to meet the information needs of healthcare professionals in rural areas. By overcoming the barriers of time and distance, the program enables clinicians to access information in support of patient care as well as continuing education. Through the regular visits and the expertise of the circuit librarian, health professionals have constant, convenient access to a health sciences library and to the larger universe of biomedical literature.”²²

Adoption of Circuit Librarianship for a Student Health Center

The McKinley Health Center at the University of Illinois Urbana-Champaign (MHC) has an annual enrollment of approximately 110,000 visits and serves approximately 38,263 students. MHC uses 47 providers to staff departments, including medical, preventive medicine, women’s health, men’s health, mental health, wellness, laboratory, radiology, pharmacy, and sports fitness. The health center has worked to meet the information needs of its personnel by providing a modest library that a library committee oversees. Since 1997, MHC has included a circuit librarian to supplement its *library* services. MHC does this through a contractual agreement with the Library of Health Sciences-Urbana, University of Illinois at Chicago (LHS-

U). The circuit librarian service is believed to be the first program of its kind in the college setting and follows on the circuit librarian model begun in the United States in 1973 at the Cleveland Health Sciences Library.²³

Like their counterparts in other office and clinic settings, the personnel at MHC are constrained by a lack of time, lack of information-retrieval skills, and the absence of a librarian in their facility to assist them. Although they may be in close proximity to many valuable resources, they are in a virtually remote location, given their inability to access resources efficiently. With the circuit librarian service, staff members have a personal and convenient mechanism to obtain relevant information for point-of-care treatment and program development.

Circuit librarian services at MHC include semimonthly visits to the health center and its satellite facility to discuss clinical information needs and to deliver library materials. During visits to the health center, the circuit librarian circulates throughout the building encountering personnel in their offices, in hallways and nurses' stations. The librarian takes questions about patients' conditions, administration, research, public service, and continuing education. MHC personnel may ask for anything from specific articles and books to information on broad health subjects.²² For the latter, the librarian does research and provides MHC personnel with articles, books, Web addresses, and/or lists of articles to help answer questions. Between visits, MHC staff use fax, campus mail, e-mail, and the telephone to communicate with the librarian.

Since this program's inception, the circuit librarian has received an annual average of 97 extended information requests and 232 requests for documents, articles, books, and videos from MHC staff members. The number of requests for information searches and specific documents was fairly steady between March 1997 and March 2003 (see Table 1). A statistical analysis showed that 31% of information search requests are received on email. That more than two thirds of the research questions are taken when the librarian is present at the health center is significant. Even though e-mail may seem quite convenient and appropriate for

this type of service, a majority of questions are more likely to be remembered and voiced when the librarian talks with MHC staff in person, which underscores the value of face-to-face contact.

The contract between LHS-U and MHC is negotiated annually. It includes an explanation of the benefits of the service and an outline of the services offered. The only two things required of the health center are an MHC liaison and an annual flat fee. The MHC liaison advises the librarian of the culture of MHC, helps set up meetings and training sessions, notifies the circuit librarian of changes in the facility or staff, assists with information and document distribution, and directs the librarian to personnel who need assistance. The liaison is crucial to the success of the program because that person provides continuity of service between the semimonthly visits. By virtue of being at MHC on a daily basis, the liaison is a constant reminder of the availability of the service and can forward information requests to the circuit librarian between visits. As in all circuit librarian services, it is important to have this contact person so that the program can be helpful and strong.²⁴ The individuals chosen by MHC to be the liaison had the necessary strengths from experience in maintaining the MHC library and as a member of the MHC library committee.

The Library of the Health Sciences – Urbana is the circuit librarian's base. This library has a strong health science collection in its own right and the circuit librarian can draw on the collections of the wider UIC library. The circuit librarian is also familiar with the considerable resources available to MHC personnel in the library of the University of Illinois at Urbana-Champaign.

Evolution

Although the circuit librarian's service is primarily a search and delivery system, it has also provided instruction and consultation, including providing MHC-requested training in conjunction with regular continuing education programs, identifying other training needs, and developing and designing training in new areas for health center personnel. Since March 1997, the circuit librarian has conducted nine on-site training sessions on such topics as database searching and basic Internet use as well as 2 on-site continuing medical education classes for nurse practitioners and physicians.

In 2000, a Web page designed for the MHC circuit librarian service was added to the LHS-U Web site (<http://www.uic.edu/depts/lib/lhsu/services/mckinley/>). This Web page provides e-mail access to the circuit librarian, instructions for ordering articles, instructions for finding full-text electronic articles, and links to clinically oriented article databases for MHC personnel.

Other outgrowths of this service have been an in-depth evaluation of the MHC Wellness Department's Web site, the use of library school students to update MHC's library, and a poster highlighting the service that was sponsored by an MHC staff member and the circuit librarian and was presented at the 1999 ACHA annual meeting. Future plans include an evaluation of the circuit librarian's service.

Conclusion

The circuit librarian service at MHC is a personalized and cost-effective way to provide health center personnel with additional access to important information. It is beneficial for patient care and attractive for recruitment and retention of employees. If opportunities exist to enhance access to information, other institutions could become partners with local or regional hospital or academic libraries to develop a similar circuit librarian service for a student health center. Next year, if your health service is faced with questions about treating a patient with severe asthma, deciding whether to add a drug to its formulary, or designing new programs to change students' health behaviors you could turn to and rely upon a librarian for the information needed to help answer these questions or any of the many others that surface in the on-campus health center setting.

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For comments and further information, please send communications to Julia C. Stumpff, MS , 107 Flora Drive, Champaign. IL 61821 (e-mail:jstumpff@prairienet.org).

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